

ENVIRONMENTAL HEALTH 700 Fuller Avenue N.E. Grand Rapids, Michigan 49503-1918

Phone: 616-632-6900 Fax: 616-632-6892

Email: KCEHmail@kentcountymi.gov Website: www.accesskent.com

Kent County Health Department Environmental Health Division

Fixed Food Establishment Plan Review Worksheet

*To be completed by the operator and submitted to Kent County Health Department

Establishment Name:		
Address:		
City, State, Zip:		

Pages 6-10 ask structural and equipment questions that the operator may wish to have the contractor or architect complete.

Refer to the food establishment plan review manual for technical assistance. The manual is available from Kent County Health Department or by visiting www.michigan.gov/mdard, Search: Plan Review.

Information contained in the plans may be referenced and does not have to be repeated in the worksheet (e.g., see plan sheet 3a, #6).

Food Manager Knowledge

Under the Food Law of 2000, as amended, retail food establishments are required to have a person in charge (PIC) during all hours of operation and employee at least managerial employee under a program accredited by American National Standards Institute.

1.	Check all that apply A designated person in charge that can demons prevention, application of food safety (HACCP) p Code, will be available during all hours of operation	rinciples, and the requirements of the Food
	Certified Managerial Employees under ANSI Requirements is provided (REQUIRED)	A written food safety (HACCP) plan will be provided.* (Only required under certain circumstances) Animal based foods, such as meat,
	Standard operating procedures (SOP) including a policy that excludes or restricts food workers who are ill or have infected cuts or lesions*	poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.**

^{*} Please submit copies of these documents (or an inventory if there are numerous large documents, and training videos)

^{**}If you checked this item, then the customer must be informed by means of a consumer advisory upon ordering, that a particular menu item contains raw or undercooked foods of animal origin. The consumer advisory must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the menu for review. For further clarification please contact your reviewing health agency or read the consumer advisory guidance document at http://www.michigan.gov/mdard, Search: Updated Food Law/Food Code 2012.

Food Preparation Review (See manual parts 1 and 3)

2. How will potentially hazardous food (time/temperature control for safety food) be thawed? (Check all that apply)

Thawing Method	Foods less than 1" thick	Foods more than 1" thick
Refrigeration		
Running water (less than 70 °F)		
Microwave as part of cooking process		
Cook from frozen		
Other:		

3. Cooking and reheating potentially hazardous food (time/temperature control for safety food): List all cooking and reheating equipment and check all applicable boxes.

Equipment Name	Cooking	Reheating	New	Used	NSF Approved or Equivalent

4. Hot and cold holding of potentially hazardous food (time/temperature control for safety food): List all hot and cold holding equipment and check all applicable boxes.

Equipment Name	Hot Holding	Cold Holding	New	Used	NSF Approved Or Equivalent

5.	Will ice be used as a refrigerant for potentially hazardous foods (time/temperature control for safety food)?Yes No
	If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.
6.	Will time be used for bacterial growth control, instead of hot or
	cold holding?YesNo If yes, submit a list of the foods involved and the standard operating procedures that will be used to monitor the use of time as a control.
7.	Cooling Potentially Hazardous Food: <u>List foods</u> that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F in 2 hours or less and with a total of 6 hours from 135°F to 41°F or less.
	A. Shallow pans in refrigerator:
	B. Ice baths:
	C. Volume reduction (e.g., quartering a large roast):
	D. Rapid chill devices (e.g., blast freezers):
	E. Ice paddles:
	F. Other:
8.	Food Preparation A. List foods that will be prepared a day or more in advance of service or sale.
	B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)
	_ Disposable gloves Suitable utensils
	Deli tissue Other:
	C. Will produce be cleaned on-site? Yes No
	D. If C is yes, describe which sink(s) will be used for food preparation.

9.	When potentially hazardous food (time/temperature control for safety food) is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation / opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1. A. Will the establishment have food items that must be date marked? Yes No If yes, describe the date marking system that will be used and							
	provide written standard operating procedures.							
	Catering/Off-Site/Satellite: Complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations. List menu items							
В.	Maximum number of meals per day taken to or prepared at off-site location							
C.	How will hot food be held at proper temperature during transportation and at the remote serving location?							
D.	How will cold food be held at proper temperature during transportation and at the remote serving location?							
E.	What types of vehicles will be used to transport food?							
F.	What types of sneeze guards or food protection devices will be used? (See manual part 4)							
(Se	shwashing ee manual part 8) Dishwashing methods (check all that apply) Dishmachine Sink							
11.								
	Sink 1, Size of compartments							
	Sink 2, Size of compartments							
U. 3	Sink 3, Size of compartments							
D. \	What is the largest item that will have to be washed in a sink and its size?							

General

12. Will employee dressing rooms be provided? (See manual part 16.)	Yes	No
13. If no, describe how personal belongings will be s	tored:	
14. Check which of the following will be used on-site:	Washer	Dryer
15. Describe what will be laundered on-site:		
16. What type of mop sink will be provided (e.g., curbe See manual part 8.	ed floor drain, mop sin	nk on legs, etc)?

Room Finish Schedules

Fill in materials to be used (See manual part 10)

Area	Floor	Coving*	Wall	Ceiling
17. Preparation				
18. Cooking				
19. Dishwashing				
20. Food Storage				
21. Bar				
22. Dining				
23. Employee Restrooms				
24. Dressing Room				
25. Walk-In Refrigerator				
26. Walk-In Freezer				
27. Garbage Room				
28. Janitor Closet				
29.				
30.				
31.				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins. **Note**: Please explain abbreviations. Water Supply (See manual part 5) 32. Will the water supply be: Municipal ___Existing on-site New on-site 33. If an on-site water supply is being used, Kent County Health Department must approve before licensure can occur. Sewage Disposal (See manual part 5) 34. Will the sewage disposal be: Municipal Existing on-site New on-site 35. If an on-site sewage disposal is being used, Kent County Health Department must approve before licensure can occur. **Insect and Rodent Control** (See manual part 13) 36. Will outside doors be self-closing? Yes No ___ Yes ___ No 37. Will the facility have a drive-thru or walk-up window? 38. If 35 is yes, describe how insects will be kept out (e.g., self-closer, air curtains, etc.) 39. Are other openable windows screened? ___ NA ___ Yes ___ No 40. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? ___ Yes ___ No ___ Yes ___ No 41. Will garage-style or loading bay doors be present? 42. If 39 is yes, how will garage style or loading doors be protected against vermin entry? Solid Waste Storage (See manual part 17) 43. Outside Storage A. What type of storage will be used?* ____ Compactor* ____ Dumpster* ____ Cans B. What type of surface will be under the container? C. What is the minimum pick-up frequency? *Remember to show details on site plan, including unit location and slope of surface under the unit.

44.	Inside Storage						
A.	A. Describe how garbage, boxes, etc., will be stored inside:						
B. 	Describe any inside storage or cleaning area (e.g., garbage can cleaning area):						
C.	Will any compactors or dumpsters be located inside? If yes, show on plansYesNo						
D.	Describe any area where damaged merchandise returned for credit to vendor will be stored:						
E.	Describe how waste grease will be handled and stored:						
F.	Describe how and where recyclables will be stored:						
G.	Check the types of materials that will be recycled: Glass Metal Paper Cardboard Plastic						

Plumbing Cross-Connections (See manual part 12)

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and waste side (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain)

and waste side (e.g., a dishwasher may have an AVB on the			water st	117		0 1 1	ou ula	·· · / ·	
Fixture		wage Dispo	sal	Water Supply					
	Air Gap	Air Break	Direct	AVB	PVB	RPZ	VDC	НВ	Air
			Connect						Gap
45. Dishwasher									
46. Glasswasher									
47. Garbage grinder									
48. Ice machines									
49. Ice storage bin									
50. Mop sink faucet									
51. 3 compartment sink									
52. 2 compartment sink									
53. 1 compartment sink									
54. Steam tables									
55. Dipper wells									
56. Hose connections									
57. Refrigeration									
condensate drain lines									
58. Beverage dispenser									
with carbonator									
59. Water softener									
60. Potato peeler									
61. Walk-in floor drain									
62. Chinese range									
63. Detergent feeder on									
faucet									
64. Outside sprinkler or									

irrigation system	
65. Power washer	
66. Retractable hose reel	
67. Toilet	
68. Urinal	
69. Boiler	
70. Bain-marie	
71. Espresso machine	
72. Combi-style oven	
73. Kettle	
74. Rethermalizer	
75. Steamer	
76. Overhead spray rinse	
77. Hot water dispenser	
78.	
79.	
AVB = atmospheric vacuum breaker	HB = hose bib vacuum breaker
PVB = pressure vacuum breaker	VDC = vented double check valve
RPZ = reduced pressure principle backflow preventer	

Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

80. Hot Water (see manual part 9)

List each type of plumbing fixture that uses hot water # fixture				
Handsinks	<u> </u>			
Bathroom Sinks				
1 Compartment Sink				
2 Compartment Sink				
3 Compartment Sink				
Vegetable Sink				
Overhead Spray Rinse				
Bar Sink	3 compartment	4 compartment		
Cook Sink				
Hot Water Filling Faucet				
Bain-marie				
Coffee Urn				
Kettle Stand				
Garbage Can Washer				
9 & 12 lb. Clothes Washe	r			
16 lb. Clothes Washer				
Employee Shower				
Mop Sink				
Dishmachine hot wa				
Dishmachine Make & mod	del:			
Other:				
Other:				

81.Water Heater #1	Manufacture	r:			Model number:	
A. Hot water heater pro	posed size:		K\			
		Gas _		TU's	Thermal Efficiency:	%
B. Hot water heater storC. Hot water heater rec			gallons gallons pe	r hour	(@100º rise)	
Attach information for services and whether 82. Do hot water hea If yes describe:	or not units ter(s) serve a	will be insta any non-foc	lled in paralle	i.		•r
83.Dishmachine Boos	ter Heater	KW	BTU	Make _	Model # _	
It is essential that a reliabetween deliveries, in condition A. # meals or people sons. # days between delicont. # meals between delicont. # meals between delicont. # meals between delicont. # meals between delicont.	order to calcula erved per day veries = eliveries (AxB	ate dry and re =	efrigerated sto Food	rage car 	pacities. Refrigerated Items Refrigerated Items	
85. Refrigerated Stor	age (see ma	nual part 3)				
Walk-inItem#	**Interior Heigh		Interior Le	ngth (ft)	Interior Width (f	t)
*UprightItem#	Interior D	epth (in)	Interior Wi	dth (in)	Interior Height (i	n)
*Working, preparation a	and line refrige	erators shoul	d not be includ	led. Onl	y storage units.	•
86. Dry Storage (see	manual part		ge Rooms*			
**Usable room height (ft)			Interior Length (ft)		Interior Width (ft)	

^{*}Please note the location of any auxiliary storage (i.e outside storage).

**To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18").

Or, if there is no dry storage room proposed:

For full height shelves

	9.1. 3.13.133		
Total Shelving Length (ft)	Shelving Width (ft)		

Suggestion Sheet Food Establishment Plan Review Worksheet

Suggestions for changes to this plan review worksheet are welcomed from all users (e.g, food service operators, architects, engineers and regulators, etc.). Revisions to documents are made periodically as needed. Thank you for taking the time to submit your ideas.

Name:	Phone:	Fax:
Address:		
City, State, Zip:		
E-mail:		
Submit to: Plan Review Specialist Food Service Sanitation Food & Dairy Division Michigan Department of PO Box 30017 Lansing, MI. 48909		
Fax: 517-373-3333 E-mail: krzyzanowskir@mi	chigan.gov	
		location in document. You may ets. Please be specific and clear.